

01/19/02
j0882 U.S. PTO

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PTO/SB/05 (2/98)
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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</small>	Attorney Docket No. <u>RSN</u>
	First Inventor or Application Identifier <u>N</u>
	Title <u>DRIPLESS PAPER CUP</u>
	Express Mail Label No. <u>ET09887300509</u>

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small>	6. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input type="checkbox"/> Specification <small>[Total Pages <input type="checkbox"/></small> <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none">- Descriptive title of the invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to Microfiche Appendix- Background of the invention- Brief Summary of the invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure	7. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Copyb. <input type="checkbox"/> Paper Copy (identical to computer copy)c. <input type="checkbox"/> Statement verifying identity of above copies
3. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) <small>[Total Sheets <input type="checkbox"/></small>	ACCOMPANYING APPLICATION PARTS 8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 14. <input type="checkbox"/> * Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, <small>(PTO/SB/09-12)</small> Status still proper and desired 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Other:
4. Oath or Declaration <small>[Total Pages <input type="checkbox"/></small> <ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <small>(for continuation/divisional with Box 17 completed)</small> <small>[Note Box 5 below]</small><ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).	
5. <input type="checkbox"/> Incorporation By Reference <small>(useable if Box 4b is checked)</small> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____ Prior application information: Examiner _____ Group / Art Unit: _____	

18. CORRESPONDENCE ADDRESS				
<input type="checkbox"/> Customer Number or Bar Code Label <small>(Insert Customer No. or Attach bar code label here)</small> or <input checked="" type="checkbox"/> Correspondence address below				
Name	<u>ROBERT S. SMITH</u>			
Address	<u>1263 EMORY ST</u>			
City	<u>SAN JOSE</u>	State	<u>CA.</u>	Zip Code <u>95128</u>
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Name (Print/Type)	<u>ROBERT S. SMITH</u>	Registration No. (Attorney/Agent)	<u>31802</u>
Signature	<u>R. Smith</u>	Date	<u>1-19-02</u>

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.
These are the fees effective October 1, 1997.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$) 406.00

Complete If Known

Application Number
Filing Date
First Named Inventor NIKROOZ NIKNAHAD
Examiner Name
Group / Art Unit
Attorney Docket No. RSHW

METHOD OF PAYMENT (check one)

1. ☐ The Commissioner is hereby authorized to charge indicated fees, and credit any over payments to:
Deposit Account Number
Deposit Account Name
☐ Charge Any Additional Fee Required Under 37 C.F.R. §§ 1.16 and 1.17. ☐ Charge the Issue Fee Set In 37 C.F.R. § 1.18 at the Mailing of the Notice of Allowance

2. ☐ Payment Enclosed:
☐ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 790	201 395	Utility filing fee	370
106 330	206 165	Design filing fee	
107 540	207 270	Plant filing fee	
108 790	208 395	Reissue filing fee	
114 150	214 75	Provisional filing fee	

SUBTOTAL (1) (\$) 370

2. EXTRA CLAIM FEES

Total Claims 27 - 20 = 7 X 50 = 350
Independent Claims 3 - 3 = 0 X 0 = 0
Multiple Dependent =

**or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
103 22	203 11	Claims in excess of 20	
107 22	207 11	Independent claims in excess of 3	
	135	Multiple dependent claim, if not paid	
	11	** Reissue independent claims over original patent	
	11	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$) 350

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 400	216 200	Extension for reply within second month	
117 950	217 475	Extension for reply within third month	
118 1,510	218 755	Extension for reply within fourth month	
128 2,080	228 1,030	Extension for reply within fifth month	
119 310	219 155	Notice of Appeal	
120 310	220 155	Filing a brief in support of an appeal	
121 270	221 135	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,320	241 660	Petition to revive - unintentional	
142 1,320	242 660	Utility issue fee (or reissue)	
143 450	243 225	Design issue fee	
144 670	244 335	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Petitions related to provisional applications	
126 240	126 240	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 790	246 395	Filing a submission after final rejection (37 CFR 1.129(e))	
149 790	249 395	For each additional invention to be examined (37 CFR 1.129(b))	

Other fee (specify) _____
Other fee (specify) _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 350

SUBMITTED BY

Signed or Printed Name Robert E. Smith
Signature A. Robert E. Smith

Date 1-19-02

Complete (if applicable)

Reg. Number 31305

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